Skilled Nursing Facility Care and Long Term Care 101

Communications and Customer Service

TRICARE Management Activity

1 November 2003

Overview

- What is a Skilled Nursing Facility and how does it affect me?
- Does TRICARE cover Long Term Care (LTC)?
- Where can one get Long Term Care Insurance?

What If This Happens to You?

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Your spouse was broad-sided and taken to a local hospital for major injuries. The hospital is now saying your spouse is ready to be moved to a skilled nursing facility.

What does this mean?

What is Skilled Nursing Facility Care?

- **Skilled Nursing Facility (SNF) care is covered by Medicare and TRICARE**

Skilled Nursing Facility (SNF)

- An institution, or a distinct part of an institution that…
- Primarily provides its' patients medically-necessary, skilled care services.

A skilled nursing facility may be a stand alone building, a wing in a hospital or nursing home setting, or a separate floor in an assisted living facility.

Am I eligible for the SNF benefit?

- **For TRICARE to cover a SNF admission, a beneficiary must:**
  - Have a qualifying hospital stay of 3 consecutive days or more (not including the hospital discharge day), AND
  - Enter the SNF within 30 days of discharge from the hospital (with some exceptions for medical reasons)
    - If the hospital stay was not medically necessary, the SNF admission is denied
  - **For TRICARE to Pay, a SNF must be:**
    - Medicare-certified AND
    - Enter into a participation agreement with TRICARE

What does SNF Care Cover?

- Medically necessary skilled nursing care
- Medically necessary rehabilitative (physical, occupational, and speech) therapies
- Room and board
- Prescription medications,
- Laboratory work
- Medically necessary supplies, appliances, and medical-equipment

What does SNF Care Cover?

- **SNF staff assess a beneficiary's required healthcare services to determine the amount of medically-necessary, skilled services they are providing**
  - **If those services meet TRICARE defined SNF benefit criteria, TRICARE will pay for covered services**
- **Contact Medicare or the Regional contractor for more information about skilled nursing facility care and benefit information.**

What are my SNF Costs?

TRICARE Reimbursement Manual 6010.53-M, March 15, 2002 Chapter 2, Addendum A
Benefits And Beneficiary Payments Under The TRICARE Program

V. INPATIENT SERVICES (Continued)

TRICARE Standard Benefits (See Note 9:)	Beneficiary Copayment/Cost-Share			
	TRICARE Prime Program			
Type Of Service	Active Duty Family Members	Retirees, Their Family Members & Survivors	TRICARE Extra Program	TRICARE Standard Program
SKILLED NURSING FACILITY CARE Same benefit as under Medicare except that there is no day limits under TRICARE. Benefit includes semiprivate room, regular nursing services, meals including special diets, physical, occupational and speech therapy, drugs furnished by the facility, necessary medical supplies, and appliances.	For care provided prior to April 1, 2001, $11 per diem charge ($25 minimum charge per admission). For care provided on or after April 1, 2001, $0 per diem charge per admission. No separate copayment/ cost-share for separately billed professional charges.	$11 per diem charge ($25 minimum charge per admission). No separate copayment/ cost-share for separately billed professional charges.	Active Duty Family Members: Per diem charge ($25 minimum charge per admission). Retirees, their Family Members & Survivors: $250 per diem copayment or 20% cost-share of total charges (based on the fee schedule negotiated by the contractor), whichever is less, for institutional services, plus 20% cost-share of separately billed professional charges (based on the fee schedule negotiated by the contractor).	Active Duty Family Members: Per diem charge ($25 minimum charge per admission). Retirees, their Family Members & Survivors: 25% cost-share of allowed charges for institutional services, plus 25% cost-share of allowable for separately billed professional charges.

What if one is covered by Medicare?

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SNF care coverage for Medicare AND TRICARE eligible (dual-eligible):

- **If other than Active Duty Family Member, must have Medicare Part B**
- **Coverage requirements are the same as TRICARE:**
  - **3 day qualifying stay; admission within 30 days; Enter into a participation agreement with TRICARE when TRICARE is primary**
- **SNF covered benefits are the same as TRICARE**

- Medicare covers up to 100-days during the episode of care; TRICARE is second payer
  - **TRICARE covers <u>more than 100 days</u> for medically-necessary SNF care**
    - **Medicare SNF denial required for TRICARE to process a SNF claim upon exhaustion of Medicare SNF benefit**
    - **Appeal adverse TRICARE determinations to TRICARE whenever TRICARE is primary payer**

SNF Costs for Dual-Eligible

TRICARE's coordination of benefits determine when Medicare pays, TRICARE pays, and other health insurance pays.

Contact Medicare or the Regional contractor for more information on how Medicare and TRICARE work together to cover SNF costs.

Inpatient services	Medicare pays		TRICARE Pays	Beneficiary pays
Skilled Nursing Facility: *A beneficiary must be admitted to an inpatient hospital during a benefit period [9] for at least 3 days prior to receiving Medicare authorization to receive this benefit.* Skilled Nursing Facility:	Days 1-20	100%	Remaining Beneficiary Liability (if any)	Nothing for services payable by Medicare and TRICARE
	Days 21-100	All but $105.00 a day	$105.00 a day	Nothing for services payable by Medicare and TRICARE
	Days 101 +	Not covered	80% if network facility 75% if non-network facility	20% of TRICARE allowable charges if care delivered in a TRICARE network SNF. 25% of TRICARE allowable charges if care delivered in a Non-network SNF.

What is Long Term Care (LTC)?

- LTC – usually for people with chronic conditions or cognitive impairment (i.e., Alzheimer's disease)
  - Long-term care: Help with health or personal needs/"activities of daily living" -- bathing, dressing, using the bathroom, eating, etc.
    - Trained professional personnel not needed
      - Home health care aides, family members can provide long term care

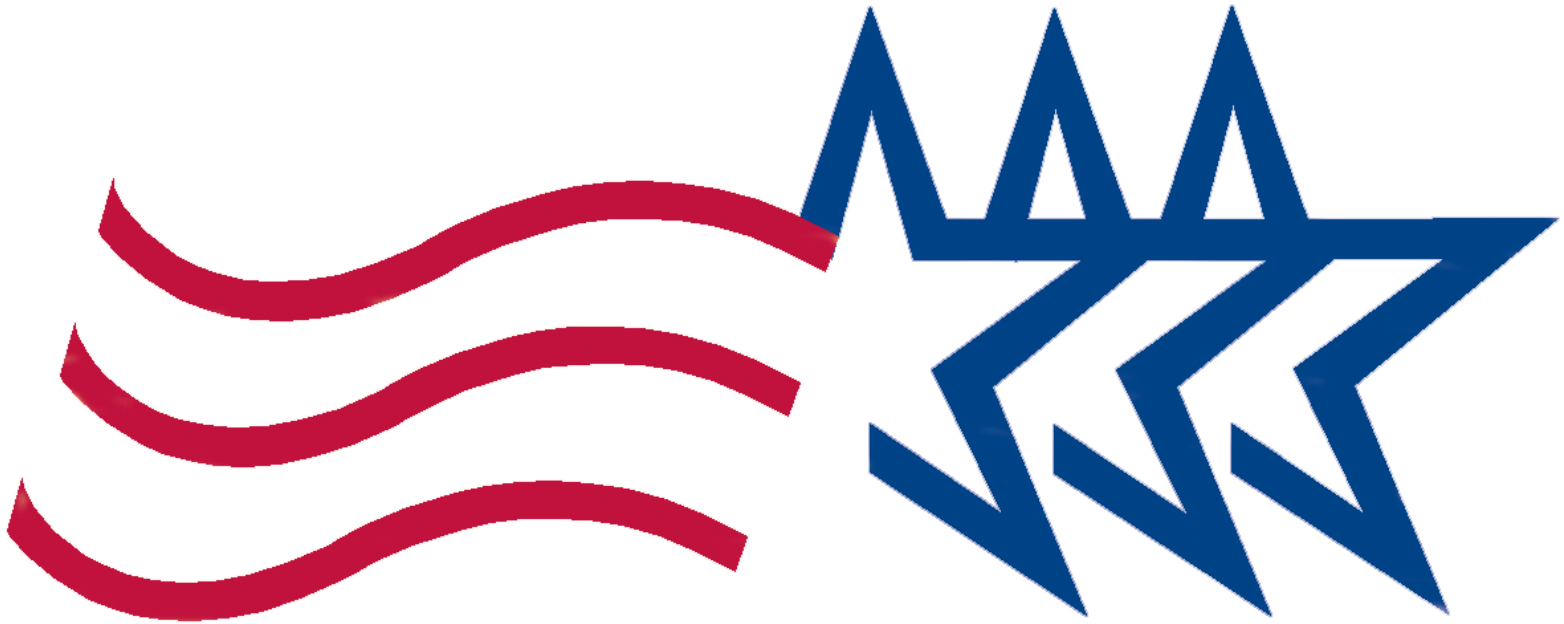
- LTC does not cover costs for room and board, other than skilled services.
- LTC can be delivered at home, in the community, in a nursing home or assisted

How do I purchase LTC?

- **Long Term Care Insurance: Usually covers non-medical care to help with personal care needs.**
  Medically necessary care would still be covered by TRICARE or Medicare
- **Information on LTC Insurance:**
  - **Check commercial carriers for services and products.**
  - **Call 1-800 Medicare (1-800-633-4227) or TTY: 1-877-486-2048 & request a copy of *Choosing Long Term Care; A guide for People with Medicare* (CMS publication number. 02223) http://www.medicare.gov/**
  - **Call 1-800-LTC-FEDS (1-800-582-3337)or TTY 1-800-842-3557 for Federal LTC Insurance program information**
  - **Visit:**

Summary

- Discussed Skilled Nursing Facility (SNF) Care
- Discussed Long Term Care (LTC) and how it is covered
- Referred the beneficiary on more information on how to purchase Long Term Care



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